

LTC BULLETIN

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Many residents cannot walk but can be more mobile by using their wheelchairs. How can we encourage them to take their wheelchairs for a spin?

More than half of the estimated 1.8 million U.S. nursing home residents are incapable of independent ambulation. Wheelchair propulsion, their only means of mobility, increases their feelings of independence and fosters a sense of physical and emotional well-being.

But for all these advantages, few nursing homes formally assess or evaluate residents for wheelchair use. Too often, staff members assume wheelchairs are meant to be pushed, not self-propelled. The upshot is that most residents in wheelchairs rarely take their chairs for a spin. You can help increase their mobility with a few easy-to-implement strategies:

- * Residents who need or want to use a wheelchair should be assessed by a physical or occupational therapist for one that is most appropriate.
- * Customize the wheelchair so it fits the resident. Consider seat width, back cushions, ankle positioning aides, leg-rest panels, foot supports, headrests, and head supports.
- * Make sure the resident can reach and release the chair's brakes. A PVC pipe can be fitted to a chair's brakes and used as an extender so the brake is easier to reach and release.
- * Show residents how to use their wheelchairs. Demonstrate how to operate the brakes and foot pedals, where to place your hands and legs, how

to use your hands and/or legs to propel the chair, and how to get up from and sit back down in the wheelchair.

- * Pay attention to residents' safety behaviors. For example, does the resident lock the wheelchair and move the foot pedals before standing?
- * Regularly check wheelchairs for defects and, if found, promptly repair them.

*Information from
Borun Center for Gerontological Research,
"Working to Improve Nursing Home Care"
2004-2005*

Missouri's Guide to Home and Community Based Services

Two frequent questions have been raised about *Missouri's Guide to Home and Community Based Services*: "Are long term care facilities still required to distribute the guides to prospective residents?" and "Where can I get copies of the guides?"

The answer to the first question is yes, per **19 CSR 30-88.010 (9)**, "**Prior to or upon admission, each prospective resident or each resident shall be informed of the home and community based services available in this state by providing such resident a copy of the most current *Missouri's Guide to Home and Community Based Services*, incorporated by reference, or any successor pamphlet as may be incorporated by reference in a subsequent amendment to this section.**" The rule applies to "...all types of [Missouri] licensed long term care facilities" including residential care facilities I and II, intermediate care facilities and skilled nursing facilities.

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MDS CODING FOR SYMPTOMS OF DEPRESSION - - ARE WE MISSING THE BOAT?

Though depression is probably one of the most treatable conditions in nursing home (NH) residents, estimates indicate less than 50% of its symptoms are recognized by social work, nursing and CNA staff.¹

This is a primary concern for Centers for Medicare and Medicaid Services (CMS) and state long term care officials. Lack of recognition is also borne out in the NH Quality Measure (QM) scores pertaining to depression, as derived from the Minimum Data Set (MDS). Nationally, QM scores are low for the percentage of residents who have become more depressed or anxious since the previous MDS, averaging only 15%; Missouri statewide scores average only 12%.

Yet the NH industry has established that depressive symptoms are highly prevalent in nursing home residents. Rates are estimated as high as 43% for major depression, upwards of 56% for minor depression and up to 70% with episodic depression, sadness or “blue mood”.^{2, 3} Detection has improved since initiation of the MDS, with at least 25% of residents nationwide currently receiving an antidepressant.

Identification of depression can be difficult. Symptoms of depression may be confused with, or dismissed as, expected consequences of the chronic diseases and disability that lead to NH placement. However, unlike a normal grief response, depression in residents is usually a persistent condition associated with greater self-care deficits, cognitive and functional decline, pain complaints, proteinic or caloric malnutrition and mortality.

Detecting depressive symptoms depends on attention to clues at multiple levels: verbal statements, facial expressions, body language and behavior. Section E of the MDS has several items that let you assess a resident’s mood and behavior patterns. While you cannot determine a diagnosis of depression from these items, they provide potential clues and an assessment guide.

Low QM scores suggest that depressive symptom coding is not fully understood. In some instances, those doing the coding are concerned about high scores and have avoided indicating the presence of a

depressive symptom, especially if a cause other than depression might be identified. The Resident Assessment Instrument (RAI) Manual clearly states that indicators are to be coded “regardless of what you believe the cause to be” (pg 3-62).⁴ Consistent coding of symptoms and behaviors, even those determined not to be indicative of depression, provides an accurate baseline picture of the resident for future assessments. Lack of consistent documentation of mood and behavior events also impacts coding accuracy. Although either of these could suggest the absence of depression, anecdotal comments gathered by this author during educational programs about depression or MDS coding from Missouri Administrators, Directors of Nursing, MDS Coordinators and CNA staff have consistently been, “Yes, we know that we have more depression than these scores show, but the documentation is not there to support it.”

Another problem is under-utilization or lack of other assessment tools. The MDS is a basic assessment tool only. The Resident Assessment Protocol (RAP) guidelines help identify or eliminate possible causes or aggravating factors for symptoms/behaviors, if used properly.

Specific tools, such as the Geriatric Depression Scale (GDS), provide additional evidence to support or eliminate a diagnosis of depression and monitor treatment effectiveness. The nursing staff, as well as the social services designee or CNA, can administer the GDS.

Primaris, the Quality Improvement Organization for Missouri, is developing tools to make it easier to obtain more accurate information from support staff regarding behaviors that may indicate depression, such as crying, etc. These tools are available online at www.primaris.org.

An aggressive screening program is key to identifying depressive symptoms. A program like this should utilize appropriate tools, encourage consistent documentation of mood and behaviors, and include input by all staff, including frontline CNAs, housekeeping, maintenance, dietary – anyone who has contact with the resident and can offer insight into mood or behavior changes.

1. Mulsant, BH & Ganguli, M. (1999). Epidemiology and diagnosis of depression in late life. Journal of Clinical Psychiatry, 60 (Supl. 20), 9-15.
2. American Medical Director’s Association. (2003).

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RECALL OF FIRE EXTINGUISHERS

The U.S. Consumer Product Safety Commission announced the following recall in voluntary cooperation with the firms listed below. Consumers should stop using recalled products immediately unless otherwise instructed.

Name of Product: Dry Chemical Fire Extinguishers

Units: About 50,900

Manufacturer: Strike First Corporation of Scarborough, Ontario, Canada

Importer: Strike First Corporation of America (SFC America), of Front Royal, VA

Hazard: The fire extinguishers can fail to discharge properly when the trigger is activated, which puts consumers at risk of fire-related injuries.

Incidents/Injuries: SFC America has received three reports of the fire extinguishers failing to discharge properly when activated. No injuries have been reported.

Description: The recall includes Strike First 2.5 pound and 5 pound dry chemical fire extinguishers with model numbers WBSF-ABC110AP, WBSF-ABC210AP, and WBSF-ABC340AP. The model number is located under the manufacturer's address on the far right hand side of the instruction label. The recalled fire extinguishers have the following serial numbers:

MODEL NUMBER	SERIAL NUMBER RANGE
WBSF-ABC110AP	TC101566 through TC108819
WBSF-ABC210AP	TC114969 through TC135000 VV822001 through VV832000 WH161001 through WH167622
WBSF-ABC340AP	TC135894 through TC142345

The serial number is located on the extinguisher's label below the Underwriters Laboratories' ("UL") mark. The fire extinguishers are red, and designed for commercial, industrial, multi-residential and vehicle applications. Manufactured in Canada, they cost between \$13 and \$21 each.

Sold at: Fire extinguisher dealers nationwide from December 2002 through April 2004.

Remedy: Consumers with fire extinguishers included in the recall should immediately contact SFC America for information on how to have the extinguishers repaired.

Consumer Contact: Call SFC America at 800-255-5515 between 9 a.m. and 5 p.m., Eastern Standard Time, Monday through Friday, or visit the SFC America Web site at: www.strikefirstusa.com.



TIPS from the LTC Licensing Unit

Question: How do I notify the Department of Health and Senior Services about changes of administrator or director of nursing in a long term care facility?

Answer: At the time of the change, the facility shall provide written notice to the Division of Regulation and Licensure, Section for Long Term Care - Licensure Unit, P.O. Box 570, Jefferson City, MO 65102-0570. The notice shall indicate the effective date of the change, identify the new administrator or director of nursing and include a copy of his/her license or license number.

Written notice about an administrator or director of nursing change is part of the licensure application process; therefore, the notice shall be submitted as a notarized statement.

You may contact the Licensure Unit at (573) 526-8506 or by emailing Becky.Thompson@dhss.mo.gov.

DA 124A/B and DA 124C FORMS

The DA 124A/B and DA 124C forms may be accessed via the Department of Health and Senior Services' Web site at www.dhss.mo.gov. Just click "Applications & Forms" on the left side bar, and scroll down to **Initial Assessment – Social & Medical (DA 124 A/B) and Level One Nursing Facility Pre-Admission Screening for Mental Illness/Mental Retardation or Related Condition (DA 124C)**.

Please mail the **original** forms to the address below – additional copies are **no longer** required:

Department of Health & Senior Services
Section for Long Term Care – COMRU
P.O. Box 570
Jefferson City, MO 65102-0570

**ROBERT WOOD JOHNSON FOUNDATION
ANNOUNCES 2007 LOCAL INITIATIVE
FUNDING PARTNERS PROGRAM**

Deadline: July 6, 2006

The Local Initiative Funding Partners (LIFP) (<http://www.lifp.org/>) Program is a collaborative effort between local foundations and the Robert Wood Johnson Foundation (RWJF) (<http://www.rwjf.org/>) to fund worthy projects at the local level. The goal is to improve health and health care for vulnerable people in their communities.

RWJF invites local organizations, including independent and private foundations, family and community foundations, corporate foundations, and other philanthropies, to recommend projects for a funding partnership. Through LIFP, local organizations may leverage funds from RWJF to implement new community programs that address serious health issues.

To be eligible, projects must be new, innovative, collaborative, and community based. Significant program expansions, such as a major expansion into new regions or to new populations, may also be considered. LIFP matching grants may not be used for operation of existing programs. Projects must be nominated by a local organization interested in participating as one of the funding partners. Local funding partners must be willing to work with each grantee to obtain sufficient dollar-for-dollar matching funds throughout the grant period. Matching funds must represent new funding specifically designated to support the proposed project.

Up to \$6 million is available for the 2007 grant cycle, with up to 14 matching grants of \$200,000 to \$500,000 per project to be awarded.

Visit the RWJF Web site for complete program information and application procedures. The Request For Proposal (RFP) Link is: <http://fconline.fdncenter.org/pnd/10001276/rwjf>.

For additional RFPs in health, visit: http://fdncenter.org/pnd/rfp/cat_health.jhtml.



**MDS Coding for Symptoms of Depression?
Are We Missing the Boat?**

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Depression Clinical Practice Guideline. Columbia, MD:

AMDA - Purchase information:

<http://www.amda.com/info/cpg/depression.htm>.

3. Revised Long-Term Care Resident Assessment Instrument User's Manual. Version 2. (Dec. 2002). Centers For Medicare & Medicaid Services.
4. Revised Long-Term Care Resident Assessment Instrument User's Manual. Version 2. (Dec. 2002). Centers For Medicare & Medicaid Services.

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The **INFECTION CONTROL GUIDELINES FOR LONG TERM CARE FACILITIES** manual is available online at: www.dhss.mo.gov/NursingHomes/Infection_Control_Guidelines.pdf.

The manual is no longer available in hard copy.

**Missouri's Guide to Home and
Community Based Services**

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Section for Long Term Care surveyors monitor compliance with this regulation during each facility's annual inspection. They verify whether admission packets contain home and community based services information, or that the facility has a process for providing it to potential residents. If the information is not in the admission packet or provided elsewhere, surveyors will cite the facility and ensure its plan of correction addresses this issue.

The answer to the second question, "Where can I get copies of the guide?" is: long term care facilities can call the Central Registry Unit (CRU) at 1-800-235-5503. Online guides are also available for viewing or printing at: <http://www.gcd.oa.mo.gov/PIC/ServicesPamphlet/index.shtml>.



The *LTC Bulletin* is published quarterly by the Section for Long Term Care and is distributed to all long term care facilities in Missouri. Suggestions for future articles may be sent to Phyllis Graham at Phyllis.Graham@dhss.mo.gov, or by calling (573) 526-0721.